

05/04/2004 16:02 5404281721

KILYK BOWERSOX PLLC

PAGE 04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
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7590

02/09/2004

Luke A. Kilyk
53A Lee Street
Warrenton, VA 20186**East**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kim Blum	(Depositor's name)
<i>Kim Blum</i>	(Signature)
May 4, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/905,156	07/13/2001	Robert S. Whitehouse	3130-002-02	2730

TITLE OF INVENTION: POLYURETHANES OBTAINED FROM HYDROXYALKANOATES AND ISOCYANATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHORT, PATRICIA A	1712	525-415000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Kilyk & Bowersox,**

2 **P.L.L.C.**

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Metabolix, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Advance Order - # of Copies **5**

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(Authorized Signature) *Luke A. Kilyk* (Date)**Luke A. Kilyk** **May 4, 2004**

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01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	15.00 OP

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 4/4 * RCVD AT 5/4/2004 4:02:47 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-2/3 * DNIS:7464000 * CSID:5404281721 * DURATION (mm-ss):03-18



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FACSIMILE TRANSMISSION COVER SHEET

DATE: May 4, 2004

TO: Mail Stop Issue Fee
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P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/905,156
For: POLYURETHANES OBTAINED FROM HYDROXYALKANOATES
AND ISOCYANATES
Our Ref: 3130-002-02

FROM: Luke A. Kilyk, Esq. *LK*

FAC. TEL. NO.: 1-703-746-4000

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

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Issue Fee Transmittal -- 1 page

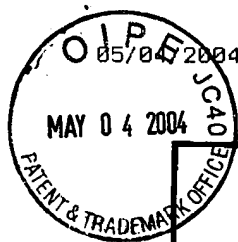
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Kim Blum

Name of Person Signing Certificate

Signature *Kim Blum*

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$980.00)

Complete if Known	
Application Number	09/905,156
Filing Date	July 13, 2001
First Named Inventor	Whitehouse et al.
Examiner Name	Patricia A. Short
Art Unit	1712
Attorney Docket No.	3130-002-02

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity	Small Entity
Deposit Account Number	50-0925	Fee Code	Fee Code
Deposit Account Name	Kilyk & Bowersox, P.L.L.C.	Fee (\$)	Fee (\$)
The Director is authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
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1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
Fee (\$)	Fee (\$)	Fee Paid	
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 90	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20**=	Extra Claims	
Independent Claims	-3**=	Fee from below	
Multiple Dependent		Fee Paid	
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
Fee (\$)	Fee (\$)	Fee Paid	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	**Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	
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Other fee (specify) Copies of Patent (5 @ \$3.00 each)		15.00	
SUBTOTAL (3) (\$)		980.00	

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251
Signature		Telephone	1-540-428-1701
		Date	May 4, 2004

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Kim Blum
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